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PPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/887,550	06/25/2001	Irit Loy	LOY=1 5848		
1444	7590 03/22/2005		EXAMINER		
BROWDY AND NEIMARK, P.L.L.C. 624 NINTH STREET, NW			KENDALL, CHUCK O		
SUITE 300			ART UNIT	PAPER NUMBER	
WASHING	TON, DC 20001-5303		2192		
			DATE MAIL FD: 03/22/2005		

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.		Applicant(s)	
Interview Summers	09/887,550		LOY ET AL.	
Interview Summary	Examiner		Art Unit	
	Chuck Kend	all	2122	
All participants (applicant, applicant's representative, PT	•		`	•
(1) Chuck Kendall.	(3) <u>Daniel</u>	Kliger . (41,17	10)	
(2) <u>Tuan Dam</u> .	(4)			
Date of Interview: <u>17 March 2005</u> .				
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) applicant	's representative]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)∐ No.			
Claim(s) discussed: <u>1 - 57</u> .				
Identification of prior art discussed: Ivanoff USPN 5,517,6	<u>622</u> .			•
Agreement with respect to the claims f) was reached.	g) was not r	eached. h)⊡ N	/A.	
Substance of Interview including description of the gener reached, or any other comments:	al nature of wha	at was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amer allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attach	copy of the am			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OFFORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse Upon recuplosa formal reply	ne last Office ac R THE MAILING T OF THE SUB side or on attac	ction has already G DATE OF THIS STANCE OF THI Ched sheet.	been filed, APP S INTERVIEW S E INTERVIEW.	LICANT IS UMMARY See
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.		Examiner's signa	ature if required	
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